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In the United States District Court
For the Northern District of Alabama

2015 JUL 30 A 10:08

U.S. DISTRICT COURT
N.D. OF ALABAMA

Charles Ray Taylor

CV-15-K-1280-5

(Enter above the full name(s) of the plaintiff(s) in this action)

v

Comm. Jefferson Dunn

Warden DeWayne Estes

UNKNOWN correctional officer

UNKNOWN correctional officer

(Enter above full name(s) of the defendant(s) in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No
- B. If your answer to A. is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

N/A

Plaintiff(s):

N/A

Defendant(s):

N/A

2. Court (if Federal Court, name the district; if State Court, name the county)

N/A

3. Docket Number

N/A

4. Name of judge to whom case was assigned

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit _____

N/A

7. Approximate date of disposition _____

N/A

II. Place of present confinement DONALDSON CORRECTIONAL FACILITY

A. Is there a prisoner grievance procedure in this institution?

Yes No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes No

C. If your answer is YES: N/A

1. What steps did you take? _____

N/A

2. What was the result? _____

N/A

D. If your answer is NO, explain why not? A.O.D.C. does not have a

correctional grievance form, only medical
Grievance forms

III. Parties

In item A below, place your name(s) in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff(s) Charles Ray Taylor

Address 100 WARRIOR LANE BESSEMER, ALA. 35023

In item B. below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

- B. Defendant Comm. Jefferson Dunn
is employed as Commissioner
at Alabama Department of corrections
- C. Additional Defendants Warden Dewayne Estes = st. clair
correctional Facility UNKNOWN Correctional officer and
UNKNOWN Correctional officer

IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include, also, the names of other persons involved, dates and places. *Do not give any legal arguments or cite any cases or statutes.* If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet, if necessary.

I was attacked and stabbed by Two unknown inmates
at st. clair correctional Facility and left in P-2-27 cell
for an unknown amount of time when an inmate found
me unconscious. D.O.C. did not do a random security check
or walk through the dorm to ensure the safety of me
or any other inmates on the day in question. I was
transported to UAB Hospital at B'ham, Ala. for immediate
surgery. st. clair correctional facility houses nearly
double the number of inmates it was designed to house.
and was dangerously understaffed at the time of
this incident. (see Attached Statement form)

A.D.O.C. Failed to comply to case law. Thier own

Policy of rules and regulations, which created
UNREASONABLE SAFETY for inmates as well as A.D.O.C.
officers.

V. RELIEF

State briefly *exactly* what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

The ALABAMA Department of corrections should be
responsible for all my medical Bills and \$65,000.00
PUNITIVE DAMAGES

"I declare under penalty of perjury that the foregoing is true and correct.

Executed on 7/27/15
(date)

Charles R. Taylor
Signature(s)

STATEMENT

Charles Ray Taylor

Name of person making statement

137830

AIS/ID#

7/11/2015

Date

I declare that the following voluntary STATEMENT is made of my own free will without promise or hope of reward, without fear or threat of physical harm, without coercion, favor or offer of favor, by any person or persons whomsoever.

ON OR ABOUT JUNE 25th OR 30th 2015 I WAS ATTACKED AND ROBBED BY TWO INMATES AT ST. CLAIR CORRECTIONAL FACILITY. ONE OF THE INMATES ASKED TO SPEAK TO ME. I ASKED HIM WHAT HE WANTED TO SPEAK WITH ME ABOUT. AT THAT TIME I NOTICED ANOTHER INMATE COME UP BEHIND ME. THEY THEN BECAME HOSTILE TOWARD ME AND FORCED ME INTO CELL P-2-27. I TRIED TO LEAVE THE CELL AND ONE OF THEM STABBED ME IN THE UPPER RIGHT SHOULDER. I FELL TO THE FLOOR AND TRIED TO GET BACK TO MY FEET. THEY HIT ME IN THE RIGHT SIDE OF MY MOUTH KNOCKING ME BACK DOWN TO THE FLOOR. THEY BEGAN GOING THROUGH MY POCKETS APPARENTLY LOOKING FOR ANYTHING OF VALUE. I LAYED THERE ON THE FLOOR FOR FEAR THAT THEY MIGHT STAB ME AGAIN. THEY MADE ME LAY THERE BLEEDING FOR QUITE SOME TIME. I BEGAN TO GET WEAK FROM LOSS OF BLOOD. AFTER MORE TIME ELAPSED, THEY LEFT THE CELL, LOCKING THE DOOR ON THEIR WAY OUT, PREVENTING ME FROM GETTING HELP. AT THAT POINT WHEN I THOUGHT THEY WERE GONE I BEGAN TO YELL FOR DOC SECURITY STAFF TO NO AVAIL. I BEAT ON THE CELL DOOR UNTIL I LOST CONSCIOUSNESS. I DON'T REMEMBER HOW LONG I STAYED UNCONSCIOUS BUT WHEN I DID REGAIN CONSCIOUSNESS I BEGAN TO SCREAM AND KICK ON THE CELL DOOR UNTIL AGAIN. I LATER FOUND OUT THAT INMATE MICHAEL BRISKEY HIS # 282318 WAS THE INMATE THAT HEARD MY PLEAS FOR HELP AND ALERTED DOC STAFF THAT I WAS INJURED. DOC SECURITY STAFF DID NOT RESPOND UNTIL MICHAEL BRISKEY ALERTED THEM. I LOST CONSCIOUSNESS AGAIN AT THAT POINT. WHEN I REGAINED CONSCIOUSNESS THE THIRD TIME, I WAS IN THE INFIRMARY SURROUNDED BY ST. CLAIR MEDICAL STAFF. I WAS IMMEDIATELY TRANSPORTED BY UAB TRUAMA TEAM TO UAB HOSPITAL AT BHM, ALA. WHERE THEY IMMEDIATELY PERFORMED SURGERY ON ME. AS A RESULT OF MY INJURIES FROM THE STABBING AND HEAD TRUAMA, I HAVE PARTIAL PARALYSIS OF MY RIGHT ARM AND HAND. LIMITED USE OF THE RIGHT SIDE OF MY BODY DUE TO SEVERE NERV DAMAGE. TWO OF MY UPPER RIGHT TEETH REMOVED BY DENTIST AT ST. CLAIR CORR. FAC. ON 7/10/15. MY WITNESSES TO INCIDENT ARE AS FOLLOWS

- (1) Michael Briskey His # 282318 - Heard my pleas of help and alerted DOC STAFF.
- (2) Capt. Graham - Gave her my statement after I returned from UAB Hospital
- (3) COI McQueen - responded to the incident day of stabbing
- (4) COI McKay - officer on duty at St. Clair Infirmary day of incident
- (5) Milo Browning - signed and witnessed my statement
- (6) COI Joel Christian - signed and witnessed my statement

I have read each page of this STATEMENT, each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct and further declare that I was not told or prompted as to what to say in this STATEMENT. Page 1 of 1 pages.

This STATEMENT was completed at St. Clair on the 7 day of 2015.

Joel Christian, Joel Christian
Witness (print name and sign)

Milo Browning - Milo Browning
Witness (print name and sign)

Charles R. Taylor

Signature of person making statement



Infirmary-Patient Information Fact Sheet (PIF)
Fall Risk

Facility Name	SCH	Admitting Diagnosis	Shaking - Pneumothorax
Patient's Name	Last TAYLOR	First	137830 Birth date 2/1/64
Allergies	N O Y: List	None	

Why do we need to talk about fall risk?

- To help medical staff to look out for your safety and well-being
- To help you to learn ways to avoid injuries

What causes me to be a fall risk?

You may have a higher risk for falling if:

- You have had a recent fall
- You have a medical condition that makes you at risk for a fall
- You have an IV (or using an IV pole)
- You are use a cane, crutches, a walker, wheelchair, or: _____
- You have problems with your balance
- Your legs are weak
- You are on bed rest
- Certain medicines: Tylenol #3

What should I do?

You should:

- Ask for help from staff when getting up or walking
- Let the staff know if you do not feel well or you do not feel steady on your feet
- Do not hold on to anything (like bedside tables) that could move
- Make sure you can reach your walking aids from your bed or chair
- Watch out for spills or objects in your way on the floor
- Make sure your footwear is not slippery
- Wear glasses if you have them
- Make sure your clothing is not in your way while you walk so that you don't slip or trip over it
- **Do not walk in stockings (TEDS), scuffs, or shower sandals**

Call for help:

- If you need help walking
- If you need help getting in or out of bed or into a chair
- If you feel ill or unsteady on your feet
- If you fall or feel like you might fall

Patient Signature	Date		
		Re	6/30/15
Health Staff Signature	Title	Date	



Infirmary-Patient Information Fact Sheet (PIF)

Orientation

Facility Name	<u>St. Luke's Hospital</u>	Admitting Diagnosis	<u>Hypertension, Lungs and Heart</u>
Patient's Name	Last <u>Johnson</u>	First <u>John</u>	MI <u>J</u> ID Number <u>1234567890</u>
Allergies <input checked="" type="checkbox"/> N <input type="checkbox"/> Y If Yes List:	<u>None</u>		

You have been admitted to the Infirmary because:

To help you get better as quickly as possible the practitioner has written the following orders for you:

Goals of care: _____

Your activity level is: _____

Your diet is: _____

Your mealtimes are: _____

Your medicine times are: _____

The following care is being set up for you:

Lab work and other tests: _____

Treatments: _____

Other: _____

You also need to know:

Nursing Rounds: the nurse will see you at least: _____

Practitioner Rounds: the practitioner will see you at least: _____

Your medical practitioner is: _____

Your mental health clinician is: _____

You also need to know that: *the following*

Patient Signature	Date
Health Staff Signature	Title